

IMPORTANT INFORMATION

PLEASE READ BEFORE ATTEMPTING TO COMPLETE APPLICATION

All applicants applying for a Mold Remediator's license must submit the following items. Failure to provide the requested information will delay or prevent further processing of your file.

Sole Proprietorship/Individuals

Original application completed in its entirety, signed by Applicant and notarized with all applicable fees in the form of a personal/company check, cashier's check, or bank money order.

Financial statement completed by an independent auditor (certified public accountant) and signed by the applicant and independent auditor (certified public accountant) and notarized. Statement must be on official form enclosed in the application packet.

Qualifying party application.

Proof by certificate that your qualifying party has completed twenty-four hours of board-approved course work in mold remediation and basic mold assessment and four hours of instruction in Louisiana's "Unfair Trade Practices and Consumer Protection Law."

Proof by certificate of current general liability insurance in the amount of \$50,000 and worker's compensation insurance **in the same name in which you are applying for a Mold Remediator's license**. This certificate must show effective/expiration dates and limits of coverage and the holder must be listed in the format as shown below:

State Licensing Board for Contractors
P.O. Box 14419
Baton Rouge, Louisiana 70898

Corporations

Original application completed in its entirety, signed by either the President, Vice President, or Secretary-Treasurer and notarized with all applicable fees in the form of a personal/company check, cashier's check, or bank money order.

Financial statement on the corporation completed by an independent auditor (certified public accountant) and signed by either the President, Vice President, or Secretary-Treasurer and independent auditor (certified public accountant) and notarized. Statement must be on official form enclosed in the application packet.

Copy of certificate from the Office of the Louisiana Secretary of State which reflects that the corporation is in good standing.

Copy of articles of incorporation which were drawn up when the corporation was originally formed.

Qualifying party application.

Proof by certificate that your qualifying party has completed twenty-four hours of board-approved course work in mold remediation and basic mold assessment and four hours of instruction in Louisiana's "Unfair Trade Practices and Consumer Protection Law."

Proof by certificate of current general liability insurance in the amount of \$50,000 and worker's compensation insurance **in the same name in which you are applying for a Mold Remediator's license**. This certificate must show effective/expiration dates and limits of coverage and the holder must be listed in the format as shown below:

State Licensing Board for Contractors
P.O. Box 14419
Baton Rouge, Louisiana 70898
(Additional information on the back of this page)

Partnerships

Original application completed in its entirety, signed by one of the partners, and notarized with all applicable fees in the form of a personal/company check, cashier’s check, or bank money order.

Financial statement on the partnership completed by an independent auditor (certified public accountant) and signed by the applicant and independent auditor (certified public accountant) and notarized. Statement must be on official form enclosed in the application packet.

Copy of partnership agreement.

Qualifying party application.

Proof by certificate that your qualifying party has completed twenty-four hours of board-approved course work in mold remediation and basic mold assessment and four hours of instruction in Louisiana’s “Unfair Trade Practices and Consumer Protection Law.”

Proof by certificate of current general liability insurance in the amount of \$50,000 and worker’s compensation insurance **in the same name in which you are applying for a Mold Remediator’s license**. This certificate must show effective/expiration dates and limits of coverage and the holder must be listed in the format as shown below:

State Licensing Board for Contractors
P.O. Box 14419
Baton Rouge, Louisiana 70898

Limited Liability Company

Original application completed in its entirety, signed by one of the members and notarized with all applicable fees in the form of a personal/company check, cashier’s check, or bank money order.

Financial statement on the limited liability company completed by an independent auditor (certified public accountant) and signed by a member and independent auditor (certified public accountant) and notarized.

Articles of Organization. If the Articles do not list the members, you must also submit a copy of the Operating Agreement and/or Initial Report.

Certificate of Existence from the Office of the Louisiana Secretary of State which reflects that the limited liability company is registered to do business.

Qualifying party application.

Proof by certificate that your qualifying party has completed twenty-four hours of board-approved course work in mold remediation and basic mold assessment and four hours of instruction in Louisiana’s “Unfair Trade Practices and Consumer Protection Law.”

Proof by certificate of current general liability insurance in the amount of \$50,000 and worker’s compensation insurance **in the same name in which you are applying for a Mold Remediator’s license**. This certificate must show effective/expiration dates and limits of coverage and the holder must be listed in the format as shown below:

State Licensing Board for Contractors
P.O. Box 14419
Baton Rouge, Louisiana 70898

STATE OF LOUISIANA
STATE LICENSING BOARD FOR CONTRACTORS
www.lslbc.louisiana.gov

MAILING ADDRESS:
P.O. BOX 14419
BATON ROUGE, LOUISIANA 70898-4419

2525 Quail Drive
Baton Rouge, LA 70808
Phone: (225) 765-2301

APPLICATION FOR A MOLD REMEDIATOR’S LICENSE

THERE WILL BE NO REFUND OF THE APPLICATION FEE.

DO NOT WRITE IN THIS SPACE - OFFICIAL USE ONLY	
Date Received_____	Person Making Entry:_____
Check NO._____	Application Fee_____ Examination Fee_____
End of 60 days_____	Surcharge Fee:_____
Date License Valid_____	Lic. No:_____

This license is required for the removal, cleaning, sanitizing, prevention, demolition or other treatment of mold or mold-contaminated matter that was not purposely grown at the remediation site.

Misrepresentation of information supplied by an applicant shall be deemed sufficient cause for denial of application. Application must be accompanied by the required fee. Application must be typewritten or printed in ink.

PRINT NAME IN WHICH YOU WILL CONDUCT MOLD REMEDIATION. WE CANNOT PROCESS AN APPLICATION SUBMITTED USING A d/b/a OR A TRADE NAME. UPON LICENSING, YOU MUST BID, CONTRACT, AND PERFORM WORK IN THE NAME AS IT APPEARS ON YOUR LICENSE CERTIFICATE.

APPLICANT _____
CHECK ONE

- ☐ Individual ☐ Partnership ☐ Corporation
☐ Limited Liability Company

MAILING ADDRESS _____

CITY STATE ZIP CODE

PHYSICAL ADDRESS _____

CITY STATE ZIP CODE

BUSINESS TELEPHONE () _____ Home Telephone () _____
AREA CODE AREA CODE

EMAIL ADDRESS _____

It shall be the responsibility of the licensee to notify the Louisiana State Licensing Board for Contractors of any change in address of himself or any entities (businesses) under which Mold Remediation is practiced within 15 days of such change.

The signatory of this application guarantees the truth and accuracy of all statements and of all answers to the interrogatories hereinafter made.

As used on this Application, the terms “you” and “your” shall mean the applicant herein, whether an individual or an association, corporation, partnership, firm, sole proprietorship, joint venture, limited liability company or any other business or legal entity with which the applicant is or has been affiliated which is or was engaged in the practice of Mold Remediation. Where appropriate, the terms “you” and “yours” shall also include any partners, owners, or qualifying parties who are affiliated with the applicant.

YES NO

☐ ☐ 1A. Have “you” (as defined) ever been currently/previously licensed as a Mold Remediator in Louisiana?

Name of Licensee	Name of Individual/Firm	License No.
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☐ ☐ 1B. Have “you” (as defined) ever been currently/previously licensed as a Mold Remediator in any other state?

Name of Licensee	Name of Individual/Firm	State	License No. in that State
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☐ ☐ 1C. Have “you” (as defined) ever passed an examination given by the Louisiana State Licensing Board for Contractors? Please indicate by whom the individual was employed at the time the test was taken.

Name of Examinee(s)	Yr. Test Taken	Name of Firm	Classifications
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☐ ☐ 1D. Have “you” (as defined) ever had a Mold Remediator’s license denied, suspended or revoked by this or any other state, parish/county, or municipality? If yes, name person(s) or entity, regulatory agency, month and year, and explain circumstances.

☐ ☐ 1E. Have “you” (as defined) ever had a commercial or residential contractor’s license denied, suspended or revoked by this or any other state, parish/county, or municipality? If yes, name person(s) or entity, regulatory agency, month and year, and explain circumstances.

☐ ☐ 2. Has any bonding or surety company ever completed or made financial settlements upon any contract in which “you” (as defined) were interested? If yes, explain on separate sheet.

☐ ☐ 3. Have “you” (as defined) ever failed in business or to complete a contract? If yes, explain on separate sheet.

☐ ☐ 4. Have “you” (as defined) ever taken bankruptcy or failed in a business engaged in the practice of construction?

☐ ☐ 5. Are there presently any judgments against “you” (as defined) that have not been resolved? If yes, explain on a separate sheet.

☐ ☐ 6. Have “you” (as defined) ever been convicted of a felony? If yes, explain on a separate sheet.

7. How many years have “you” (as defined) been in business under the present name?
☐ 0 years ☐ 1-5 years ☐ 6-10 years ☐ over 10 years

8. IF “YOU” ARE APPLYING AS AN INDIVIDUAL: answer the below listed questions.

Name of Individual or Owner _____
FULL LEGAL NAME
SKIP TO QUESTION 12.

9. IF “YOU” ARE APPLYING AS A LIMITED LIABILITY COMPANY: answer the below listed questions.

Names of all members

SKIP TO QUESTION 12.

10. IF “YOU” ARE APPLYING AS A CORPORATION: answer the below listed questions.
Name of Officers and Directors _____ Addresses _____

President _____
Vice-President _____
Secretary _____
Treasurer _____
Incorporators _____

SKIP TO QUESTION 12.

11. IF “YOU” ARE APPLYING AS A PARTNERSHIP: answer the below listed questions.
A. Name of all Individuals Comprising Partnership _____ Addresses _____

B. Is the partnership general or limited? _____ if limited, explain fully:

12. Are “you” (as defined) affiliated with any other business entities engaged in the practice of construction? If yes, give name(s) and address(es) of organization, type of affiliation, and license numbers, if any.

AFFIDAVIT

I certify under penalty of perjury under the laws of the State of Louisiana that all statements, answers and representations in this application, including all supplementary statements attached thereto, are true and accurate to the best of my knowledge and belief and acknowledge that any purposeful false information submitted on behalf of myself and/or this applicant and verified by this signature is caused to have license denied or revoked by the State Licensing Board for Contractors.

All signatures, whether of individuals, partners, members or officers must be sworn to and notarized in space provided below:

If Individual Sign Here:

Individual

If Partnership or Limited Liability Company Sign Here:

Name of Firm

Member of Firm: _____ Member of Firm: _____

Member of Firm: _____ Member of Firm: _____

If Corporation Sign Here:

Name of Corporation

Secretary

President

State of _____ Parish or County of: _____

Personally appears _____ being duly sworn, deposes and saith:
That the foregoing statements of experience of the above-named applicant and all statements therein contained are true and correct and the answers of the foregoing are true to the best of my knowledge under penalties of perjury.

Signature of Applicant/Authorized Representative

Sworn before me this _____ day of _____, _____.

Signature of Notary Public

Print Name and Address of Notary Public

LOUISIANA MOLD REMEDIATOR’S UNIFORM FINANCIAL STATEMENT

IMPORTANT – READ CAREFULLY

It is mandatory that your financial statement be submitted in the NAME IN WHICH YOU ARE APPLYING FOR LICENSURE and in accordance with the provisions of R.S. 37:2156.1(c)printed below. **THIS FORM MUST BE USED.** Information must be inclusive within the last twelve (12) months and **MUST BE SIGNED BY THE APPLICANT AND INDEPENDENT AUDITOR (CERTIFIED PUBLIC ACCOUNTANT) AND NOTARIZED.** The Board will accept an audit, review, or compilation report in lieu of signature by the independent auditor. The independent auditor (certified public accountant) **cannot** be associated with the applicant in any way.

NAME OF BUSINESS OR INDIVIDUAL _____

BUSINESS ADDRESS _____
Street City State Zip Code

STATEMENT AS OF _____, 20 _____.

1-Cash _____ (a) In bank \$ _____ (b) Elsewhere _____ (explain) _____			11-Accounts Payable (a) Not Past Due _____ (b) Past Due _____		
2-Accounts Receivable Completed Contracts _____			12-Owing Subcontractors _____		
3-Earned Estimates and Retainage- Uncompleted Contracts (not yet received) _____			13-Notes Payable Exclusive of Equipment Obligations _____		
4-Work in Progress - Unbilled _____			14-Federal and State Income Taxes Payroll Taxes (including F.I.C.A., S.I.U. and Income Taxes withheld) _____		
			Accrued Payroll & Expenses _____		
5-Notes Receivable _____			Other Current Liabilities _____ (Explain) _____		
6-Other Accounts Receivable _____			_____		
7-Stocks and Bonds _____			_____		
8-Materials in Stock Not included in any items above (Present Value) _____			_____		
(a) Available for contracts under way \$ _____			Total Current Liabilities		
(b) Other Materials \$ _____			15-Encumbrances on Equipment _____		
Other Current Assets (Explain) _____			16-Encumbrances on Real Estate _____		
_____			17-Billings in excess of costs on Uncompleted Contracts _____		
_____			Other Liabilities (Explain) _____		
_____			Due to Stockholders _____		
_____			TOTAL LONG TERM LIABILITIES		
_____			Capital (Corporation):		
Total Current Assets _____			Capital Stock _____		
9-Equipment at Net Book Value _____			Paid-in Surplus _____		
10-Real Estate _____			Retained Earnings _____		
Furniture and Fixtures at Net Book Value _____			TOTAL CAPITAL _____		
TOTAL ASSETS _____			NET WORTH		
			TOTAL LIABILITIES AND CAPITAL OR NET WORTH _____		

The undersigned independent auditor (certified public accountant) and the applicant declare that to the best of their knowledge that the information provided in this financial statement of assets, liabilities, and other information is true, correct, and complete under penalties of perjury.

(Signature of Applicant)

(Signature of Notary Public)

(Signature of Preparer)

Your Title

Your Address

Your Phone Number

Your Affiliation with Applicant

R.S. 37:2156.1(c)

Furnish the board with a financial statement, prepared by an independent auditor and signed by the applicant and auditor before a notary public, stating the assets of the person, firm, partnership, co-partnership, or corporation, such statement to be used by the board to determine the financial responsibility of the applicant to perform work in the amount of fifty thousand dollars or more, such assets shall include a net worth of a least ten thousand dollars. The financial statement and any information contained therein, as well as any other financial information required to be submitted by a contractor, shall be confidential and not subject to the provisions of R.S. 44:1, inclusive.

DO NOT WRITE IN THIS SPACE – OFFICIAL USE ONLY
Date Received _____
Person Making Entry _____

APPLICATION FOR QUALIFYING PARTY

ALL INFORMATION ON THIS FORM MUST BE PRINTED IN INK OR TYPEWRITTEN AND COMPLETED BY PERSON DESIGNATED TO TAKE THE WRITTEN EXAMINATION(S) TO BE THE QUALIFYING PARTY OF RECORD. All questions must be answered. If space provided is not sufficient, use separate sheets and attach.

1. Name of Individual _____
FULL LEGAL NAME
2. _____
Mailing Address City State Zip
3. (_____)
Area Code Phone Number
4. Is this firm a subsidiary of a currently Louisiana licensed contracting firm? If yes, give the name, address and contractor's license number.

5. Your position: ☐ Owner ☐ Partner ☐ Original Organizer ☐ Employee

6. Date of employment: From _____ / _____ To: _____ / _____
Mo. Year Mo. Year

Total: _____ / _____
Years Mos.

If you are an employee, you must be in full-time employment. Attach copies of canceled payroll checks for 120 consecutive days of employment (showing front and reverse of check) and a computer printout or some other form showing FICA payroll deductions.

7. List the names of companies you have been affiliated with or employed by within the past five (5) years who previously held or currently hold a Louisiana contractor's license.

Firm	Address	License No.

(Continued on reverse side.)

8. Have you been involved in sanctions levied against the companies as stated above? If yes, explain.

9. Has any firm for which you were the qualifying party received any type of disciplinary action by the Louisiana State Licensing Board for Contractors or any other State contractor’s licensing agency? If yes, explain.

10. Date of Birth_____

11. High School Attended (Name, Location) _____

12. Year of graduation or attainment of GED (General Equivalency Diploma) _____

AFFIDAVIT

I certify under penalty of perjury under the laws of the State of Louisiana that all statements, answers and representations on this form are true and accurate and acknowledge that any purposeful false information submitted on behalf of myself and verified by this signature is cause to have license denied or revoked by the Louisiana State Licensing Board for Contractors.

Social Security Number

Signature of Qualifying Party

Sworn before me this _____ day of _____, 20 _____

Signature of Notary Public

Print Name and Address of Notary Public

REFERENCES: (Please show complete mailing address, zip codes, and contact persons)

BANK: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

Contact Person: _____

MATERIAL SUPPLY DEALER: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

Contact Person: _____

MATERIAL SUPPLY DEALER: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

Contact Person: _____

The undersigned hereby gives written authorization for _____
(Name of Bank)
to furnish information concerning my account number _____ to the
STATE LICENSING BOARD FOR CONTRACTORS.

(Signature of Applicant) (Date)

Firm Name _____
(Individual, Partnership, Corporation, LLC, Other)

13. GIVE A LISTING OF MOLD REMEDIATION PROJECTS OF THE INDIVIDUAL OR FIRM APPLYING FOR LICENSURE.				OFFICIAL USE ONLY
FOR WHOM PERFORMED	JOB LOCATION (Street, City, State)	DESCRIPTION OF WORK PERFORMED	CONTRACT AMOUNT	
<div>1. Name</div> <div>Address</div> <div>Zip Code</div> <div>Contact Person</div>				
<div>2. Name</div> <div>Address</div> <div>Zip Code</div> <div>Contact Person</div>				
<div>3. Name</div> <div>Address</div> <div>Zip Code</div> <div>Contact Person</div>				
<div>4. Name</div> <div>Address</div> <div>Zip Code</div> <div>Contact Person</div>				
<div>5. Name</div> <div>Address</div> <div>Zip Code</div> <div>Contact Person</div>				

WORK EXPERIENCE (Continued)

14. If new business or no experience by this firm, list previous experience of principal officers, partners, or individuals.				
NAME	FOR WHOM EMPLOYED (Name and Address)	IN WHAT CAPACITY	NUMBER OF YEARS	
1.				
2.				
3.				
4.				